

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT/RA

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/				
2	/	/				
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5		4				
6		①				
7		①				
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TOTAL IND.	1	↓	↓	↓	↓	
TOTAL DEP.	12	←	←	←	←	
TOTAL CLMNS	13	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓	↓	↓	↓	
TOTAL DEP.		←	←	←	←	
TOTAL CLMNS		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	